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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. TIM SCOTT'S AMERICAN OPPORTUNITY 1405 ASHLEY RIVER ROAD ADDRESS (number and street) (Check if address is changed) CHARLESTON 29407 SC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tsao@concentricoffice.com (Check if address is changed) Optional Second E-Mail Address stacy@sewcpa.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2020 C00720524 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Wiggins, Stacy, E.,, Type or Print Name of Treasurer Wiggins, Stacy, E.,, [Electronically Filed] 09 09 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF	COMMITTEE	
Candidat	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	mmittee:	
(d)	· · · ·	Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g) x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	TIM SCOTT FOR SENATE	40302
2.	TOMORROW IS MEANINGFUL PAC FEC ID number C C004	95887
3.	SOUTH CAROLINA REPUBLICAN PARTY FEC ID number C COOC	34033
4.	NRSC	27466

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Write or Type Committee N	Name		
TIM SCOTT'S	S AMERICAN OPPORTUNITY	•	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising	Representative, or	Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundra	nising Representative	e Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and p	position of the pers	on in possession of committee
	n, Sue, , ,		
Full Name	8136 Old Keene Mill Road		
Mailing Address	Suite A300		
	Springfield	, VA	
Title or Position	CITY	STATE	ZIP CODE
Asst. Treasurer	Telephone	e number 703	
3. Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer o e.g., assistant treasurer).	of the committee; ar	nd the name and address of
Full Name Wiggin of Treasurer	ns, Stacy, E., ,		
Mailing Address	1409 Ashley River Road		
	Charleston	SC	29407
Title or Position	CITY	STATE	ZIP CODE
Treasurer		number 843	

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Full Name of Designated Agent			
Mailing Address			1 1 1 1 1 1 1 1
			1 1 1 1 1 1 1 1
		CITY STATE	ZIP CODE
Title or Position			
		Telephone number]
Banks or Other safety deposit be		es: List all banks or other depositories in which the committee deposits funds	s, holds accounts, rents
Name of Bank,	Depository, e		
	Depository, e		
Name of Bank,	Depository, e	tc.	
Name of Bank,	Depository, e	tc.	0006
Name of Bank,	Depository, e	tc.	0006 ZIP CODE
Name of Bank,	Depository, e	1909 K Street, NW Washington CITY STATE	
Name of Bank, Mailing Address	Depository, e	1909 K Street, NW Washington CITY STATE	
Name of Bank, Mailing Address	Depository, e	1909 K Street, NW Washington CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, e	1909 K Street, NW Washington CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, e	1909 K Street, NW Washington CITY STATE	